



ARMY FEE ASSISTANCE

Application Checklist for Adding Child/Children to the Army Fee Assistance (AFA) Program

_____ Printed name of qualifying Army Sponsor

Assigned Army Post/Garrison: _____

If duty station is not on the Garrison, please provide place of duty: _____

Sponsor Eligibility Status (Please check all that apply):

_____ Army Active Duty _____ Activated _____ Deployed
_____ Army Reserve: Title 10 _____ Recruiter _____ DA Civilian
_____ Wounded Warrior (WTU & WTB) _____ Survivor of Fallen Soldier (SOS)
_____ Special Operations Command (SOCUM) _____ Medically Retired Wounded (AW2)
_____ Army National Guard: Title 10 _____ or Title 32 _____
_____ Assigned to Army Supported Joint Base Installations

Sponsor/Family Document

_____ **Family Application – Army Form 2011-08** (Please list all children for which you are requesting AFA)

Are all children attending the same Child Care Provider: _____ Yes _____ No

Please list the Child Care Provider that you are adding your child/children to:

Provider Name: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Contact Name/Phone Number of Provider: _____

_____ If the provider you have chosen is currently a qualifying Child Care Provider approved to participate in the Army Fee Assistance Program through the General Services Administration (GSA); your provider will submit the Family Enrollment Form CC 2014-06 directly to the GSA to complete your application.

_____ If you have a provider that is not currently participating in the Army Fee Assistance Program, please have the provider visit the GSA website http://financeweb.gsa.gov/childcare_portal/for_providers to begin the enrollment process, or they may contact the GSA via email at armychildcare.addchild@gsa.gov or at (866) 508- 0371 for an application packet.

_____ If you do not have a provider, please check here and the GSA Subsidy Administration Section will assist you in locating child care in your area.

The forms and documents listed above are required for a standard application. Please note that your situation and application may require additional documents and/or information.

Fax: (816) 823-5410

Scan and email to: army.childcare@gsa.gov

GSA Subsidy Administration Section
1500 E. Bannister Rd., Rm. 1061, KCMO 64131
Tel: (866) 508-0371 | Fax: (816) 823-5410
army.childcare@gsa.gov
Army 2014-19



ARMY FEE ASSISTANCE

Army Fee Assistance Sponsor/Family Application

Type of Application: ☐ New Family ☐ Annual Recertification ☐ Re-Application (Previously enrolled, not current)
☐ Adding Child/Children (Must list all children to be enrolled in Fee Assistance) ☐ Reactivation of Army Fee Assistance (Currently Enrolled)

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

Section I - Parent / Legal Guardian

Name of Qualifying Army Sponsor (Last, first, middle initial)	Social Security Number	Rank/Grade												
Work Address (Include street, city, state and zip code)	Work email address (MANDATORY)													
	Work telephone number													
Home Address (Include street, city, state and zip code)	Home email address													
	Alternate phone number													
Army Sponsor Status: <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced														
POA Name:														
POA Email:	POA telephone number:													
Eligibility Status of Army Sponsor, check all that apply:														
<table border="0"><tr><td><input type="checkbox"/> Army Active Duty</td><td><input type="checkbox"/> Activated</td></tr><tr><td><input type="checkbox"/> Army Reserve: Title 10 _____</td><td><input type="checkbox"/> Deployed</td></tr><tr><td><input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____</td><td><input type="checkbox"/> DA Civilian</td></tr><tr><td><input type="checkbox"/> Wounded Warrior (WTU & WTB)</td><td><input type="checkbox"/> Survivor of Fallen Soldier (SOS)</td></tr><tr><td><input type="checkbox"/> Special Operations Command (SOCOM)</td><td><input type="checkbox"/> Assigned to Army Supported Joint Base Installations</td></tr><tr><td><input type="checkbox"/> Recruiter</td><td><input type="checkbox"/> Medically Retired Wounded (AW2)</td></tr></table>			<input type="checkbox"/> Army Active Duty	<input type="checkbox"/> Activated	<input type="checkbox"/> Army Reserve: Title 10 _____	<input type="checkbox"/> Deployed	<input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____	<input type="checkbox"/> DA Civilian	<input type="checkbox"/> Wounded Warrior (WTU & WTB)	<input type="checkbox"/> Survivor of Fallen Soldier (SOS)	<input type="checkbox"/> Special Operations Command (SOCOM)	<input type="checkbox"/> Assigned to Army Supported Joint Base Installations	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Medically Retired Wounded (AW2)
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<input type="checkbox"/> Recruiter	<input type="checkbox"/> Medically Retired Wounded (AW2)													

Section II - Spouse / Partner

Spouse/Partner Name	Eligibility Status (Spouse/Partner must be working or attending school in order to qualify for Fee Assistance): <input type="checkbox"/> Employed <input type="checkbox"/> Student
Employer	College/University
Number of hours worked per week:	Enrollment/Semester start date:
If federally employed, provide Grade/Rank:	Number of credit hours: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate

Section III - Child Information

<i>List information for all children for whom you are applying for Army Fee Assistance beginning with youngest child</i>	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: <input type="checkbox"/> Yes <input type="checkbox"/> *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: <input type="checkbox"/> Full Time (25 + hours per week) <input type="checkbox"/> Part Time (16 - 25 hours per week) <input type="checkbox"/> Before School only <input type="checkbox"/> After School only <input type="checkbox"/> Before & After School Care <input type="checkbox"/> Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? <input type="checkbox"/> *Yes <input type="checkbox"/> No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	

U.S. General Services Administration
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Tel: (866) 508-0371 I Fax: (816) 823-5410
army.childcare@gsa.gov

**Army Fee Assistance Sponsor/Family Application - Page 2****Section III - Child Information - Continued**

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	

Section IV - Certification of Army Sponsor or Power of Attorney (POA)

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment or both. In addition, I may be subject to administrative punishment to include the termination of my federal employment.

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

I certify that the above information is true and correct to the best of my knowledge.

Signature of Qualifying Army Sponsor _____ *Date of Certification (MM/DD/YYYY)* _____

Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.

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